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**CONFIRMATION NO. 1971**

<b>SERIAL NUMBER</b> 09/745,730	<b>FILING DATE</b> 12/26/2000  <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 369252/99
<b>APPLICANTS</b> Yoshikazu Kobayashi, Tokyo, JAPAN;				
<b>** CONTINUING DATA *****</b> <div style="text-align: right; margin-right: 50px;"> <i>NONE RES 5-20-01</i> </div>				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: right; margin-right: 50px;"> <i>JAPAN 369252/1999 12/27/1999 RES 5-20-04</i> </div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>[Signature]</i> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials <i>[Initials]</i></span> </div>	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Whitham, Curtis & Whitham Reston International Center Suite 900 11800 Sunrise Valley Dr. Reston ,VA 20191				
<b>TITLE</b> Telephone controller for VoIP				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>		